

**STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
ASSESSMENT WORKSHEET REQUEST FORM**

Tax-Property Article 14-201

Name _____

Mailing Address _____

Address of Subject Property _____

For this request to be granted you must have an active on-going appeal with this Department.

What is your current level of appeal?

Supervisor of Assessments _____

Property Tax Assessments Appeal Board _____

Maryland Tax Court _____

Other _____

Address(es) of requested property(ies)

Name(s) of Owner(s), if known.

There is fee of one dollar (\$1) per comparable. This fee is to be charged for each comparable, regardless of the class of property involved or the number of pages copied to reproduce the complete worksheet. **For requests made through the mail, payment must be by made by check or money order only.**

Signature _____

Date _____

This form seeks information for the purpose requesting assessment worksheet(s) on the indicated property(ies). Failure to provide this information will result in denial of your request. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax Court, the requested information, or a portion thereof, may have to be provided to the owner of that other property.

FOR OFFICE USE ONLY

Total Payment \$ _____ Cash _____ Check _____ Money Order _____

Money received by: _____ Date: _____

Copies Made: _____ Refund Due: \$ _____

Cash Receipts Ledge Page: _____